

## **ACTUAL FINANCIAL DATA**

### **AMBULANCE REVENUE and COST REPORT**

#### **GENERAL INFORMATION and CERTIFICATION**

Legal Name of Company: \_\_\_\_\_ City of Nogales \_\_\_\_\_ CON No. \_\_\_\_\_

D.B.A. (Doing Business As): \_\_\_\_\_ Business Phone: **520-287-6571**

Financial Records Address: \_\_\_\_\_ 777 N. Grand Avenue \_\_\_\_\_ City: **Nogales** Zip Code: **85621**

Mailing Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner / Manager: \_\_\_\_\_

Report Contact Person: \_\_\_\_\_ Aaron White, Interim Finance Director \_\_\_\_\_ Business Phone: **520-287-6571** Ext. **5608**

Report for Period From: From: **July 1, 2012** To: **June 30, 2013**

Method of Valuing Inventory: LIFO: \_\_\_\_\_ FIFO: \_\_\_\_\_ Other (Explain): \_\_\_\_\_

**Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.**

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Interim Finance Director

Date: **12/23/13**

Mail to:

Department of Health Services  
Bureau of Emergency Medical Services  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
Phoenix, AZ 85007-3248  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

### STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:				1,737
2	Number of BLS Billable Transports:				44
3	Number of Loaded Billable Miles:				4,588
4	Waiting Time (Hr. & Min.):				-
5	Canceled (Non-Billable) Runs:				-
					6,369

### Volunteer Services: (OPTIONAL)

		Donated Hours
6	Paramedic and IEMT	
7	Emergency Medical Technician - B	
8	Other Ambulance Attendants	
9	Total Volunteer Hours	

\*\* This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

### STATISTICAL SUPPORT DATA

Line No.	Type of Service	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
1	Number of ALS Billable Transports:	<u>NA</u>	<u>NA</u>	<u>NA</u>
2	Number of BLS Billable Transports:	<u>NA</u>	<u>NA</u>	<u>NA</u>
3	Number of Loaded Billable Miles:	<u>NA</u>	<u>NA</u>	<u>NA</u>
4	Waiting Time (Hr. & Min.):	<u>NA</u>	<u>NA</u>	<u>NA</u>
5	Canceled (Non-Billable) Runs:	<u>NA</u>	<u>NA</u>	<u>NA</u>

Number

### **Volunteer Services: (OPTIONAL)**

Donated Hours

6	Paramedic and IEMT	<u>NA</u>	<u>NA</u>
7	Emergency Medical Technician - B	<u>NA</u>	<u>NA</u>
8	Other Ambulance Attendants	<u>NA</u>	<u>NA</u>
9	Total Volunteer Hours	<u>NA</u>	<u>NA</u>

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

City of Nogales

**FOR THE PERIOD**

**FROM:** July 1, 2012

**TO:** June 30, 2013

**STATEMENT OF INCOME**

Line No.	DESCRIPTION	FROM	
<b>Operating Revenues:</b>			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 2,154,942
<b>Less:</b>			
2	AHCCCS Settlement	Page 3.1, Line 11	220,429
3	Medicare Settlement	Page 3.1, Line 12	588,445
4	Contractual Discounts	Page 7, Line 22	-
5	Subscription Service Settlement	Page 8, Line 4	-
6	Other (Attach Schedule)	Page 3.1, Line 13	-
7	Total	Sum of Lines 2 through 6	808,874
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	1,346,068
9	Sales of Subscription Service Contracts	Page 8, Line 8	-
10	Total Operating Revenue	Line 8, plus Line 9	\$ 1,346,068
<b>Ambulance Operating Expenses:</b>			
11	Bad Debt (Includes Subscription Services Bad Debt)		448,656
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	3,617,923
13	General and Administrative Expenses	Page 5, Line 20	13,203
14	Cost of Goods Sold	Page 3, Line 15	-
15	Other Operating Expense	Page 6, Line 28	46,449
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	-
17	Subscription Service Direct Selling	Page 8, Line 23	-
18	Total Operating Expense	Sum of Lines 11 through 17	4,126,231
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	(2,780,163)
<b>Other Revenue / Expenses:</b>			
20	Other Operating Revenue and Expense	Page 9, Line 17	-
21	Non-Operating Revenue and Expense		-
22	Non-Deductible Expenses (Attach Schedule)		-
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	-
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	(2,780,163)
<b>Provision for Income Taxes:</b>			
25	Federal Income Tax		-
26	State Income Tax		-
27	Total Income Tax	Lines 25, plus Line 26	-
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	(2,780,163)

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

### ROUTINE OPERATING REVENUE

Line

No.

#### DESCRIPTION

#### Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ 1,170.68	x No. of Runs	1,737	=	\$ 2,033,471
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	1,170.68	x No. of Runs	38	=	44,486
		Rate	1,170.68	x No. of Runs	6	=	7,024
3	Mileage Rate Amount	Rate	15.25	x No. of Billable Miles	108	=	1,647
		Rate	15.25	x No. of Billable Miles	4,480	=	68,314
4	Waiting Charge Amount	Rate		x No. of Hours		=	
		Rate		x No. of Hours		=	
5	Medical Supplies (Gross Charges to patients)						-
6	Nurses Charges						-
7	Total						2,154,942
8	Standby Revenue (Attach Schedule)						-
9	Other Ambulance Service Revenue (Attach Schedule)						-
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)					\$	2,154,942

#### Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year		NA
12	Plus Purchases		NA
13	Plus Other Costs		NA
14	Less Inventory at End of Year		NA
15	Cost of Goods Sold (To Page 2, Line 14)		\$ NA

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

City of Nogales

**FOR THE PERIOD**

**FROM:**

July 1, 2012

**TO:**

June 30, 2013

**ROUTINE OPERATING REVENUE**

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON- SUBSIDIZED PATIENTS	TOTALS
<b>AMBULANCE SERVICE OPERATING REVENUE</b>				
1	ALS Base Rate .....	\$ .....	\$ .....	\$ 2,033,471
2	BLS Base Rate .....	.....	.....	51,510
3	Mileage Charge .....	.....	.....	69,961
4	Waiting Charge .....	.....	.....	-
5	Medical Supplies ..... (Gross Charges) ....	.....	.....	-
6	Nurses' Charges .....	.....	.....	-
7	<b>Total</b>	\$ .....	\$ .....	\$ 2,154,942
Plus:				
8	Standby Revenue ..... (Attach Schedule) .....	.....	.....	-
9	Other Ambulance Service Revenue (Attach Schedule) .....	.....	.....	-
10	<b>Total Ambulance Service Routine Operating Revenue</b>	(Post to Pg 2, Line 1) .....	.....	\$ 2,154,942
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2) .....	\$ .....	\$ .....	\$ 220,429
12	Medicare Settlement (Post total to Pg 2, Line 3) .....	.....	.....	588,445
13	Subsidy (Post total to Pg 2, Line 6) .....	.....	xxxxxxx	-
14	Other (Attach Schedule) .....	.....	.....	491,167
15	<b>Total Settlements</b> (Post to Pg 2, Line 7) .....	\$ .....	\$ .....	\$ 1,300,041

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

City of Nogales

**FOR THE PERIOD**

**FROM:**

July 1, 2012

**TO:**

June 30, 2013

**WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS**

Line No.	DESCRIPTION	No. of F.T.E.	AMOUNT
<b>OFFICERS / OWNERS</b> (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	-	\$ -
2	Payroll Taxes	-	-
3	Employee Fringe Benefits	-	-
4	Total	-	-
<b>MANAGEMENT</b> (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	4.0	286,057
6	Payroll Taxes	-	3,093
7	Employee Fringe Benefits	-	97,743
8	Total	4.0	386,893
<b>AMBULANCE PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg 11) ** Casual Labor Wages			
9	Gross Wages		
9	Paramedics and IEMT	\$ -	\$ 371,834
10	Emergency Medical Technician (EMT)	37.0	1,835,648
11	Nurses	-	-
12	Payroll Taxes	-	32,981
13	Employee Fringe Benefits	-	962,661
14	Total	43.0	3,203,124
<b>OTHER PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages		
15	Dispatch	-	-
16	Mechanics	-	-
17	Office and Clerical	1.00	16,008
18	Other	-	-
19	Payroll Taxes	-	938
20	Employee Fringe Benefits	-	10,960
21	Total	1.0	27,906
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)	48.0	\$ 3,617,923

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

# City of Nogales

FOR THE PERIOD

**FROM:**

**July 1, 2012**

**TO:**

June 30, 2013

## ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
<b>MANAGEMENT</b>					
1	Gross Wages (Attach Schedule II)	4.0	286,057	80%	228,846
2	Payroll Taxes		3,093	80%	2,474
3	Employee Fringe Benefits		97,743	80%	78,194
4	Total	4.0	386,893		309,514
<b>AMBULANCE PERSONNEL</b>					
	<b>Gross Wages</b> (Attach Schedule II)	<b>** Contractual Labor</b>	<b>Wages</b>		
5	Paramedics and IEMT	\$	371,834	100%	371,834
6	Emergency Medical Technician (EMT)		1,835,648	80%	1,468,518
7	Nurses		-	0%	-
8	Drivers		-	0%	-
9	Payroll Taxes		32,981	80%	26,385
10	Employee Fringe Benefits		962,661	80%	770,129
11	Total	43.0	3,203,124		2,636,866
<b>OTHER PERSONNEL</b>					
	<b>Gross Wages</b> (Attach Schedule II)				
12	Dispatch	-	-	0%	-
13	Mechanics	-	-	0%	-
14	Office and Clerical	1.0	16,008	80%	12,806
15	Other	-	-	0%	-
16	Payroll Taxes		938	80%	750
17	Employee Fringe Benefits		10,960	80%	8,768
18	Total	1.0	27,906		22,325
19	<b>TOTAL F.T.E., WAGES, PAYROLL TAXES &amp; EMPLOYEE BENEFITS</b> (Post to Pg 2, line 12)	48.0	3,617,923		\$ 2,968,705

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E's, do not include casual labor hours worked or expenses incurred.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM:

July 1, 2012

TO:

June 30, 2013

**BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.**

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>	
1	Gross Wages - MANAGEMENT		
2	Payroll Taxes		
3	Employee Fringe Benefits		
4	Total		
		Contractual	Wages
	Gross Wages - AMBULANCE PERSONNEL		
5	Paramedics and IEMT		100% Ambulance Personnel
6	Emergency Medical Technician (EMT)		80% Based on Ambulance Calls
7	Nurses		
8	Drivers		
9	Payroll Taxes		80% of Gross Wages
10	Employee Fringe Benefits		80% of Gross Wages
11	Total		
	Gross Wages - OTHER PERSONNEL		
12	Dispatch		
13	Mechanics		
14	Office and Clerical		80% Based on Ambulance Calls
15	Other		
16	Payroll Taxes		
17	Employee Fringe Benefits		
18	Total		

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2012

TO: July 30, 2013

### GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
<b>Professional Service:</b>			
1	Legal Fees	\$	-
2	Collection Fees		-
3	Accounting and Auditing		-
4	Data Processing Fees		-
5	Other (Attach Schedule)		2,899
6	Total		\$ 2,899
<b>Travel and Entertainment:</b>			
7	Meals and Entertainment		-
8	Transportation - Other Company Vehicles		-
9	Travel		241
10	Other (Attach Schedule)		-
11	Total		241
<b>Other General and Administrative:</b>			
12	Office Supplies		-
13	Postage		-
14	Telephone		-
15	Advertising		-
16	Professional Liability Insurance		-
17	Dues and Subscriptions		-
18	Other (Attach Schedule)		10,063
19	Total		10,063
20	Total General and Administrative Expenses	(Post to Page 2, Line 13)	\$ 13,203

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

### ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Professional Service:</b>				
1	Legal Fees .....	\$ -	0%	\$ -
2	Collection Fees .....	-	0%	-
3	Accounting and Auditing .....	-	0%	-
4	Data Processing Fees .....	-	0%	-
5	Other (Attach Schedule) .....	19,326	15%	2,899
6	Total .....	19,326		2,899
<b>Travel and Entertainment:</b>				
7	Meals and Entertainment .....	-	0%	-
8	Transportation - Other Company Vehicles .....	-	0%	-
9	Travel .....	1,606	15%	241
10	Other (Attach Schedule) .....	-	0%	-
11	Total .....	1,606		241
<b>Other General and Administrative:</b>				
12	Office Supplies .....	-	0%	-
13	Postage .....	-	0%	-
14	Telephone .....	-	0%	-
15	Advertising .....	-	0%	-
16	Professional Liability Insurance .....	-	0%	-
17	Dues and Subscriptions .....	-	0%	-
18	Other (Attach Schedule) .....	67,089	15%	10,063
19	Total .....	67,089		10,063
20	<b>Total General and Administrative Expenses</b> (Post to Page 2, Line 13)	\$ 88,021		13,203

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

### BASIS of ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
<b>Professional Service:</b>		
1	Legal Fees	
2	Collection Fees	
3	Accounting and Auditing	
4	Data Processing Fees	
5	Other (Attach Schedule)	15% Based on the Expenses Related to Ambulance
6	Total	
<b>Travel and Entertainment:</b>		
7	Meals and Entertainment	
8	Transportation - Other Company Vehicles	
9	Travel	15% Based on the Expenses Related to Ambulance
10	Other (Attach Schedule)	
11	Total	
<b>Other General and Administrative:</b>		
12	Office Supplies	
13	Postage	
14	Telephone	
15	Advertising	
16	Professional Liability Insurance	
17	Dues and Subscriptions	
18	Other (Attach Schedule)	15% Based on the Expenses Related to Ambulance
19	Total	

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DIRECTOR OF FINANCE

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

City of Nogales

**FOR THE PERIOD**

**FROM:** July 1, 2012

**TO:** June 30, 2013

**OTHER OPERATING EXPENSES**

Line

**No.**    **DESCRIPTION**

**Depreciation and Amortization:**

1	Depreciation (Attach Schedule III) .....	(From Pg 13, Line 20, Col I) .....	\$	<u>11,105</u>	
2	Amortization .....			<u>-</u>	
3	Total .....				\$ <u>11,105</u>
4	Rent / Lease (Attach Schedule III) .....	(From Pg 13, Line 20, Col K) .....		<u>-</u>	

**Building / Station Expense:**

5	Building and Cleaning Supplies .....			<u>-</u>	
6	Utilities .....			<u>4,467</u>	
7	Property Taxes .....			<u>-</u>	
8	Property Insurance .....			<u>-</u>	
9	Repairs and Maintenance .....			<u>-</u>	
10	Other (Attach Schedule) .....			<u>-</u>	
11	Total .....				<u>4,467</u>

**Vehicle Expense - Ambulance Units:**

12	License / Registration .....			<u>260</u>	
13	Fuel .....			<u>8,048</u>	
14	General Vehicle Service and Maintenance .....			<u>-</u>	
15	Major Repairs .....			<u>9,081</u>	
16	Insurance - Service Vehicles .....			<u>-</u>	
17	Other (Attach Schedule) .....			<u>-</u>	
18	Total .....				<u>17,389</u>

**Other Expenses:**

19	Dispatch .....			<u>-</u>	
20	Education / Training .....			<u>-</u>	
21	Uniforms and Uniform Cleaning .....			<u>-</u>	
22	Meals and Travel for Ambulance personnel .....			<u>-</u>	
23	Maintenance Contracts .....			<u>-</u>	
24	Minor Equipment - Not Capitalized .....			<u>-</u>	
25	Ambulance Supplies - Nonchargeable .....			<u>-</u>	
26	Other (Attach Schedule) .....			<u>13,488</u>	
27	Total .....				<u>13,488</u>
28	<b>Total Other Operating Expenses</b> .....	(Post to Page 2, Line 15) .....	\$		<u>46,449</u>

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** City of Nogales

**FOR THE PERIOD** **FROM:** July 1, 2012 **TO:** June 30, 2013

### ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Depreciation and Amortization:</b>				
1	Depreciation (Attach Schedule III) ..... (From Pg 13, Line 20, Col I)	\$ 55,524	20%	\$ 11,105
2	Amortization .....	-	0%	-
3	Total .....	55,524		11,105
4	Rent / Lease (Attach Schedule III) ..... (From Pg 13, Line 20, Col K) .....	-	0%	-
<b>Building / Station Expense:</b>				
5	Building and Cleaning Supplies .....	-	0%	-
6	Utilities .....	22,334	20%	4,467
7	Property Taxes .....	-	0%	-
8	Property Insurance .....	-	0%	-
9	Repairs and Maintenance .....	-	0%	-
10	Other (Attach Schedule) .....	-	0%	-
11	Total .....	22,334		4,467
<b>Vehicle Expense - Ambulance Units:</b>				
12	License / Registration .....	1,300	20%	260
13	Fuel .....	40,242	20%	8,048
14	General Vehicle Service and Maintenance .....	-	0%	-
15	Major Repairs .....	45,404	20%	9,081
16	Insurance - Service Vehicles .....	-	0%	-
17	Other (Attach Schedule) .....	-	0%	-
18	Total .....	86,946		17,389
<b>Other Expenses:</b>				
19	Dispatch .....	-	0%	-
20	Education / Training .....	-	0%	-
21	Uniforms and Uniform Cleaning .....	-	0%	-
22	Meals and Travel - Ambulance Personnel .....	-	0%	-
23	Maintenance Contracts .....	-	0%	-
24	Minor Equipment - Not Capitalized .....	-	0%	-
25	Ambulance Supplies - Nonchargeable .....	-	0%	-
26	Other (Attach Schedule) .....	67,442	20%	13,488
27	Total .....	67,442		13,488
28	Total Other Operating Expenses ..... (Post to Page 2, Line 15) ..	\$ 176,722		\$ 46,449

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

### BASIS of ALLOCATION OF OTHER EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
<b>Depreciation and Amortization:</b>		
1	Depreciation	
2	Amortization	20% Based on the Expenses Related to Ambulance
3	Total	
4	Rent / Lease	
<b>Building / Station Expense:</b>		
5	Building and Cleaning Supplies	
6	Utilities	20% Based on the Expenses Related to Ambulance
7	Property Taxes	
8	Property Insurance	
9	Repairs and Maintenance	
10	Other	
11	Total	
<b>Vehicle Expense - Ambulance Units:</b>		
12	License / Registration	
13	Fuel	20% Based on the Expenses Related to Ambulance
14	General Vehicle Service and Maintenance	
15	Major Repairs	20% Based on the Expenses Related to Ambulance
16	Insurance - Service Vehicles	20% Based on the Expenses Related to Ambulance
17	Other	
18	Total	
<b>Other Expenses:</b>		
19	Dispatch	
20	Education / Training	
21	Uniforms and Uniform Cleaning	
22	Meals and Travel for Ambulance personnel	
23	Maintenance Contracts	
24	Minor Equipment - Not Capitalized	
25	Ambulance Supplies - Nonchargeable	
26	Other (Attach Schedule)	20% Based on the Expenses Related to Ambulance
27	Total	

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2012 TO: June 30, 2013

### DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	(Post Total to Page 2, Line 4)				

EXHIBIT C  
DEC 26 2013  
CITY OF NOGALES, ARIZONA



## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2012 TO: June 30, 2013

### SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	Description	
1	Billings at Fully Established Rate .....	\$ .....
<u>Less:</u>		
2	AHCCCS Settlement .....	\$ .....
3	Medicare Settlement .....	.....
4	Subscription Service Settlement ..... (Post to Pg 2, Line 5) ...	.....
5	Subscription Service Bad Debt .....	.....
6	Total .....	.....
<u>Plus:</u>		
7	Net Revenue from Subscription Service Runs .....	.....
8	Sales of Subscription Service ..... (Post to Pg 2, Line 9) .....	.....
9	Other Revenue ..... (attach schedule) .....	.....
10	Total Subscription Service Revenue ..... (total of Lines 7, 8 and 9)	.....
 <b>Direct Expenses Incurred Selling Subscription Contracts</b>		
11	Salaries / Wages .....	.....
12	Payroll Taxes .....	.....
13	Employee Fringe Benefits .....	.....
14	Professional Services .....	.....
15	Contract Labor .....	.....
16	Travel .....	.....
17	Other General & Administrative Expenses .....	.....
18	Depreciation / Amortization .....	.....
19	Rent / Lease .....	.....
20	Building / Station Expense .....	.....
21	Transportation / Vehicles .....	.....
22	Other: ..... (attach schedule) .....	.....
23	Total Subscription Service Expenses ..... (Post to Pg 2, Line 17) .....	\$ .....

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DEPT. OF HEALTH

# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

City of Nogales

FOR THE PERIOD

FROM:

July 1, 2012

TO:

June 30, 2013

## OTHER OPERATING REVENUES & EXPENSES

Line  
No.

Description

### Other Operating Revenues:

1	Supportive Funding - Local	(attach schedule)	\$	_____
2	Grant Funds - State	(attach schedule)		NA
3	Grant Funds - Federal	(attach schedule)		NA
4	Grant Funds - Other	(attach schedule)		NA
5	Patient Finance Charges			NA
6	Patient Late Payment Charges			NA
7	Interest Earned - Related Person / Organization			NA
8	Interest Earned - Other			NA
9	Gain on Sale of Operating Property			NA
10	Other: _____			NA
11	Other: _____			NA
12	Total Other Operating Revenues		\$	NA

### Other Operating Expenses:

13	Loss on Sale of Operating Property		NA	_____
14	Other: _____		NA	_____
15	Other: _____		NA	_____
16	Total Other Operating Expenses			NA
17	Net Other Operating Revenues and Expenses	(Post to Pg 2, Line 20)	\$	NA

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_ City of Nogales  
 FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

## Schedule I DETAIL OF SALARIES / WAGES Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMI	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1				\$				\$				\$	
2													
3													
4													
5													
6													
7	TOTAL			\$				\$				\$	

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

Post Total  
to Pg 4, Column 2,  
Line 1

Post Total  
to Pg 4, Column 1,  
Line 1

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# **AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: \_\_\_\_\_ City of Nogales  
 FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

**Schedule II  
 DETAIL of SALARIES / WAGES  
 Management, Ambulance Personnel, Other Personnel**

Line No.	Detail of Salaries / Wages - Other Than Officers / Owners				
		<b>Scheduled Shifts</b> (no. of hours worked each week)	<b>Hourly Wage</b>	<b>Annual Salary</b>	<b>\$ Per Run or Shift</b>
1	<b>MANAGEMENT:</b>				
	CERTIFICATION and / or Title				
	FIRE CHIEF	40		115,252	
	ASSISTANT FIRE CHIEF	40		99,895	
	FIRE PREVENTION DIVISION CHIEF	40		83,400	
	EMDS DIVISION CHIEF	40		68,347	
2	<b>AMBULANCE PERSONNEL:</b>				
	FIREFIGHTER/ PARAMEDIC	40		84,480	
	FIREFIGHTER/ PARAMEDIC	40		83,047	
	FIREFIGHTER/ PARAMEDIC	40		90,878	
	FIREFIGHTER/ PARAMEDIC	40		88,987	
	FIREFIGHTER/ PARAMEDIC	40		82,250	
	FIREFIGHTER/ PARAMEDIC	40		90,766	
	FIREFIGHTER/ PARAMEDIC	40		82,402	
	FIREFIGHTER/ PARAMEDIC	40		94,148	
	FIREFIGHTER/ PARAMEDIC	40		88,388	
	FIREFIGHTER/ PARAMEDIC	40		90,398	
	FIREFIGHTER/ PARAMEDIC	40		86,046	
	FIREFIGHTER/ PARAMEDIC	40		84,113	
	FIREFIGHTER/ PARAMEDIC	40		78,951	
	FIREFIGHTER/ PARAMEDIC	40		78,608	
	FIREFIGHTER/ PARAMEDIC	40		74,010	
	FIREFIGHTER/ PARAMEDIC	40		80,097	
	FIREFIGHTER/ PARAMEDIC	40		76,150	
	FIREFIGHTER/ PARAMEDIC	40		80,757	
	FIREFIGHTER/ PARAMEDIC	40		78,904	
	FIREFIGHTER/ PARAMEDIC	40		81,583	
	FIREFIGHTER/ PARAMEDIC	40		78,810	
	FIREFIGHTER/ PARAMEDIC	40		88,890	
	FIREFIGHTER/ PARAMEDIC	40		79,402	
	FIREFIGHTER/ PARAMEDIC	40		80,720	
	FIREFIGHTER/ PARAMEDIC	40		65,820	
	FIREFIGHTER/ PARAMEDIC	40		56,015	
	FIREFIGHTER/ PARAMEDIC	40		61,117	
	FIREFIGHTER/ PARAMEDIC	40		71,020	
	FIREFIGHTER/ PARAMEDIC	40		52,824	
	FIREFIGHTER/ PARAMEDIC	40		65,114	
	FIREFIGHTER/ PARAMEDIC	40		62,370	
	FIREFIGHTER/ PARAMEDIC	40		62,807	
	FIREFIGHTER/ PARAMEDIC	40		50,827	
	FIREFIGHTER/ PARAMEDIC	40		84,571	
	FIREFIGHTER/ PARAMEDIC	40		56,284	
	FIREFIGHTER/ PARAMEDIC	40		61,108	
	FIREFIGHTER/ PARAMEDIC	40		64,681	
	FIREFIGHTER/ PARAMEDIC	40		68,823	
	FIREFIGHTER/ PARAMEDIC	40		67,393	
	FIREFIGHTER/ PARAMEDIC	40		1,208	
	FIREFIGHTER/ PARAMEDIC	40		63,217	
	FIREFIGHTER/ PARAMEDIC	40		67,093	
	FIREFIGHTER/ PARAMEDIC	40		24,387	
3	<b>OTHER PERSONNEL:</b>				
	ADMINISTRATIVE OFFICE ASST	20		27,907	

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2012

TO:

June 30, 2013

## Schedule III DEPRECIATION and/or RENT / LEASE EXPENSE AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Ambulance	July 1, 1991	30,000	100%	S/L	10		30,000			
2	Ambulance	April 7, 1995	56,754	100%	S/L	10		56,754			
3	Ambulance	September 27, 1999	52,630	100%	S/L	10		52,630			
4	Ambulance	June 5, 2003	55,007	100%	S/L	10		55,007			
5	Lifepak Monitor	February 27, 2008	13,550	100%	S/L	7		7,744	1,936		
6	Rosenbauer 101' Aerial Fire Truck	July 22, 2010	829,419	100%	S/L	20		82,942	41,471		
7	Type III Wheeled Coach Ambulance	July 29, 2010	113,830	100%	S/L	10		22,766	11,383		
8	Thermo Imaging Camera EV5600 TIC	December 21, 2011	7,342	100%	S/L	5		734	734		
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											

SUBTOTAL

1,158,532

308,577

55,524

Post to Pg 13, Line 19, Column K

Post to Pg 13, Line 19, Column I

\* Complete Description of property, date placed in service, and rent/lease amount only.

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

Schedule III  
DEPRECIATION and/or RENT/LEASE EXPENSE  
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
20	SUM of Line 18 & 19										

\* Complete Description of property, date placed in service, and rent/lease amount only.

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# **AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY:**

City of Nogales

**FOR THE PERIOD**

**FROM:**

July 1, 2012

**TO:**

June 30, 2013

**Schedule IV  
DETAIL OF INTEREST**

DETAIL OF INTEREST		(1)	(2)	(3)	(4)	(5)
Line No.	Description	Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
Service Vehicles & Accessorial Equipment Name of Payee:						
1		_____ %	\$ _____	\$ _____	\$ _____	\$ _____
2		_____	_____	_____	_____	_____
3		_____	_____	_____	_____	_____
4		_____	_____	_____	_____	_____
Communication Equipment Name of Payee:						
5		_____	_____	_____	_____	_____
6		_____	_____	_____	_____	_____
7		_____	_____	_____	_____	_____
Other Property and Equipment Name of Payee:						
8		_____	_____	_____	_____	_____
9		_____	_____	_____	_____	_____
10		_____	_____	_____	_____	_____
Working Capital Name of Payee:						
11		_____	_____	_____	_____	_____
12		_____	_____	_____	_____	_____
13		_____	_____	_____	_____	_____
Other Name of Payee:						
14		_____ %	_____	_____	_____	_____
15	TOTAL		\$ _____	\$ _____	\$ _____	\$ _____
Post totals of Column 4 & 5 to Pg 2, Line 16						

Post totals of Column 4 & 5 to Pg 2, Line 16

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

**BALANCE SHEET** Current audited financial statements may be submitted in lieu of the Balance Sheet

### ASSETS

#### CURRENT ASSETS

1	Cash		\$		
2	Accounts Receivable			2,154,942	
3	Less: Allowance for Doubtful Accounts			(448,656)	
4	Inventory				
5	Prepaid Expenses				
6	Other Current Assets				
7	TOTAL CURRENT ASSETS				1,706,286
9	PROPERTY & EQUIPMENT				1,158,532
10	Less: Accumulated Depreciation				(308,577)
11	OTHER NON CURRENT ASSETS				849,955.00
12	TOTAL ASSETS				2,556,241

### LIABILITIES & EQUITY

#### CURRENT LIABILITIES

13	Accounts Payable		\$		
14	Current Portion of Notes Payable				
15	Current Portion of Long-Term Debt				
16	Deferred Subscription Income				
17	Accrued Expenses and Other				
18					
19					
20	TOTAL CURRENT LIABILITIES				\$
21	NOTES PAYABLE				
22	LONG-TERM DEBT OTHER				
23	TOTAL LONG-TERM DEBT				

#### EQUITY & OTHER CREDITS

##### Paid-In Capital:

24	Common Stock				
25	Paid-In Capital in Excess of Par Value				
26	Contributed Capital				
27	Retained Earnings				
28					
29					
30	Fund Balance			2,556,241	
31	TOTAL EQUITY				2,556,241
32	TOTAL LIABILITIES & EQUITY				2,556,241

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REVENUE & COST REPORT